

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NUMBER

5148

LOCAL FILE NUMBER

35

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Frank T. Ward					2. Male	3. Jan. 10, 1975	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR MONTHS DAYS		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. American Indian		5a. 74		5b. 5c. 5d. 5e. 5f. 5g. 5h. 5i. 5j. 5k. 5l. 5m. 5n. 5o. 5p. 5q. 5r. 5s. 5t. 5u. 5v. 5w. 5x. 5y. 5z.		6. Aug. 16, 1900	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		COUNTY OF DEATH	
7b. Neah Bay		7c. Yes		7d. Gen. Del.		7a. Clallam	
STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Wash.		9. USA		10. Widowed		11.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 536 01 3289		13a. Boom man		13b. Crown Zellerbach			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
14a. Wash.		14b. Clallam		14c. Neah Bay.		14d. Gen. Del.	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. Thomas --- Ward					16. UKN		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Richard L. Markishtum				17b. 7714 6th. N.W. Seattle, Wash.			
PART I. DEATH WAS CAUSED BY.							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE							
(a) Myocardial Infarction							Seconds
DUE TO, OR AS A CONSEQUENCE OF							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST							
(b)							
DUE TO, OR AS A CONSEQUENCE OF							
(c)							
PART II. OTHER SIGNIFICANT CONDITIONS. (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a))							
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)							AUTOPSY (YES OR NO)
20a. Natural							19a. No
DATE OF INJURY (MONTH, DAY, YEAR)							IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
20b.							19b.
HOUR							
20c. M. 20d.							
HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)							
INJURY AT WORK (SPECIFY YES OR NO)							
20e.							
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)							
20f.							
LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)							
20g.							
CERTIFICATION—PHYSICIAN:							
I ATTENDED THE DECEASED FROM							
21a.							
TO							
21b.							
AND LAST SAW HIM/HER ALIVE ON							
21c.							
I DID/DID NOT VIEW THE BODY AFTER DEATH.							
21d.							
DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED							
21e.							
CERTIFICATION—CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.							
22a.							
HOUR OF DEATH							
22b. 3:55 p.m.							
THE DECEDENT WAS PRONOUNCED DEAD							
22c. 1 10 75							
DEGREE OR TITLE							
22d. Coroner							
DATE SIGNED (MONTH, DAY, YEAR)							
22e. 4-14-75							
CERTIFIER—NAME (TYPE OR PRINT)							
23a. CRAIG A. RITCHIE							
SIGNATURE							
23b. Craig A. Ritchie							
Mailing Address—CERTIFIER							
23c. 205 Lincoln Bldg. Port Angeles, Wash. 98362							
STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP							
23d.							
BURIAL, CREMATION, REMOVAL (SPECIFY)							
24a. Burial							
CEMETERY OR CREMATORY—NAME							
24b. Neah Bay							
LOCATION							
24c. Neah Bay, Wash.							
DATE (MONTH, DAY, YEAR)							
24d. Jan. 15, 1975							
FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
24e. Harper Funeral Home P.O. Box 390 Port Angeles, Wash. 98362							
FUNERAL DIRECTOR—SIGNATURE							
24f. Thomas Taylor							
REGISTRAR—SIGNATURE							
24g. Shirley Benjamin, Jr.							
DATE RECEIVED BY LOCAL REGISTRAR							
24h. April 14, 1975							

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

PR 161975